

KCMO HEALTH DEPARTMENT ENVIRONMENTAL PUBLIC HEALTH PROGRAM

Public Health

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ROUTE SHEET

BUSINESS NAME:			PERMIT #	
DATE	TIME	TIME	ADDRESS AND LOCATION	PERSON IN CHARGE NAME
	IN	OUT	OF EACH STOP	

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COMPLETE AND MAIL THE MONTHLY ROUTE SHEET OR HAND-DELIVER IT TO THE FOOD PROTECTION PROGRAM OFFICE AT THE ABOVE ADDRESS. KEEP COPIES ON FILE AT THE COMMISSARY.